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ABSTRACT

The author briefly surveys early psychomotor development in children, the process of separation-individualization during the first three years of life, and the effect that early experience may have on subsequent actual physical movement. The studies of Jean Piaget and Margaret Mahler provide a framework for examining the notions of space experienced in the first one and one-half years of life, during which time the infant learns to move, but remains unaware of his capacity to move. Attachment to the mother and the support drawn from this attachment by the child are discussed. Early experience with walking, during the ten-to-fifteen-month period is examined. The contributions of early experience and parental attitudes toward actual physical movement are discussed. Problems of the movement-phobic child are described. Implications for the teaching of physical education are noted. (MJB)

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THE CONTRIBUTION OF EARLY EXPERIENCE TO THE DEVELOPMENT OF MOVEMENT ATTITUDES*

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We know that early experience exerts a profound influence on later development. But do particular experiences affect particular behaviors? For example, what kind of early experience might affect attitudes toward activity, towards movement and sports? I shall consider some aspects of early experience as formulated in the writings of Jean Piaget and Margaret Mahler and her associates, which I believe have a bearing on this topic.

Piaget described notions of space in the first one-and-a-half years of life, during which time the infant learns to move but remains unaware of his capacity to move. Initially, the infant's universe "is entirely centered on his own body and action, in an egocentrism as total as it is unconscious . . .".[1] Toward the end of this period of time, a "Copernican revolution" takes place, that is, the child eventually comes to regard himself as one object among others, and slowly learns the practical qualities of space in daily interactions with people and things which lead him to construct objective space concepts.

Physical movement is bound to and guided by the perception of the environment: the width of a chair, the height of a table, the solidity of a human being. Movement and ideas of space are inseparable: while movement is based on a perception of space, our notions of space derive from our acting upon space, i.e. from moving in space. We acquire ideas by proceeding from the actual doing to the thinking about the doing. Adult ideas of movement and space derive from many and varied experiences with movement and space, which have slowly been internalized and mentally represented.

Early inaccurate, intuitive and egocentric ideas about the world are integrated into later, more accurate, less egocentric ideas. The earlier ideas are not replaced or forgotten, but persist throughout life and coexist with later, more mature ideas. An example is our twofold sense of time. We distinguish objective time from subjective or psychological time. The subjective experience of time cannot be measured by clocks, as objective time is. For many people, time races while they watch a Woody Allen movie or play tennis, but slows down while they fill out their income tax forms. Similar to the two-fold time concept, we retain early ideas about space: our subjective sense of space derives from early encounters with people and things. In the course of growing up, we develop a more objective sense of space, measurable by instruments, capable of being located on maps and being communicated through words and symbols.

Piaget described the early lack of awareness of objective reality which includes our lack of awareness of the perception of others in regard to us. The infant remains unaware that others evaluate his actions and may receive a

view differing from his own feelings about his achievements: they may perceive him not as the bold explorer engaged in a dangerous voyage toward the living room coffee table, but rather as a lovable infant taking his first slow, awkward and fumbling steps. The lack of awareness of the views of others in regard to our own early explorations and experimentations with space and movement -- this egocentrism-- has been described by Piaget as an inadequate understanding of reality, as cognitive immaturity.

While egocentrism no doubt limits our understanding of reality, it also, it seems to me, aids the infant in his mastery of new and difficult tasks. I have frequently been impressed with an infant's seriousness of intent in the pursuit of a new skill, such as holding a cup in order to drink from it, or the toddler's climbing up and down stairs. Infants appear to be totally immersed in their attempts to master their tasks, do not depend upon the evaluations of those who observe them, are not aware that most of the people in the world can already drink from a cup or walk the stairs without falling. Lack of awareness of others thus aids concentration, and the learner is not sidetracked by irrelevancies, such as competition, evaluations or fear of failure. Probably at any age, egocentrism shields us from the negative evaluations of others who observe our difficulties with new skills. Unaware of the perceptions of others, fear of criticism is banished, and freedom to experiment is conferred. This absence of perceived criticism permits our involvement without anxiety

and thus prevents inhibition. I shall return to the "egocentric shield" as it has implications for teaching.

According to the psychoanalyst Margaret Mahler and her associates, "The biological birth of the human infant and the psychological birth of the individual are not coincident in time. The former is a dramatic, observable, and well-circumscribed event; the latter a slowly unfolding intrapsychic process."[2] By "psychological birth," Mahler et al. mean the separation-individuation process: the establishment of a sense of separateness from, and a relation to, a world of reality, particularly with regard to the experiences of one's own body and to the principal representative of the world, the mother. This process reverberates throughout the life cycle. It is never finished; it remains active, although the major psychological achievements of the process of separation-individuation take place between the ages of about four months to three years.

There are two ways by which intrapsychic phenomena such as the process of separation-individuation may be studied: by means of retrospective verbal report from patients in treatment and, in the preverbal period, by means of behavioral observation. Particularly in the first year of life, "motor phenomena are correlated with intrapsychic events."[3] Mahler et al. studied the infant's gradual growing away from the undifferentiated symbiotic relationship with the mother and the growing toward the differentiation of the self from the mother, that is, the establishment of a sense of self, of identity. Their most

recent empirical study, mother-child pairs were observed in a naturalistic nursery school setting over a period of several years.

According to Mahler et al., rudimentary ideas about space probably arise as the infant notices the space around him, especially the presence or absence of the mother's body. When held, he learns about space by pushing against the mother's body, or by molding his body to the mother's. The maturation of the perceptual system permits the infant to make discriminations of features of his environment. His prolonged viewing of the interesting spectacles around him aids the formation of ideas, not only of the people and things around the room, but also of the space between him and the people and things. At about 6 months, when the infant can sit up and explore, his preferred position is at the mother's feet: close by for safety, off her lap for better exploratory potential.

Movement appears to be a developmental necessity. Infants move within the first few months and prepare for upright posture by stretching their legs to a standing position beginning at about 4 months. Movement, either on the mother's lap, in the crib, or at the mother's feet continues to furnish ideas of space and distance. While Piaget does not consider the affective influence of the mother, Mahler et al. state that the mother's presence and feeling for the child strongly influence his beginning locomotion. There is a push to move away from the mother at about one year, and babies beginning to walk seem enthused about being upright. They seem oblivious to obstacles and impervious to the pain of falling or bumping into things. At this time, the

mother's presence is important in two ways: she clears a path which will provide safety for the beginner and she is available should he become exhausted and want to return to her.

The period from about 10 to 15 months is characterized by the presence of expanding motor skills, particularly walking. The infant takes joy in walking, seems to carry on a "love affair with the world" -- Mahler's description of the exuberance and exhilaration which attend early toddling. When the infant is tired or upset, he returns to his mother for a brief contact. This seems to replenish his energies, is referred to as "emotional refueling" and helps him resume his explorations with renewed vigor and elation. To a great extent, the enjoyment of movement during this period depends on a stable anchoring point, the mother. The return for emotional refueling must be possible or the inhibiting effects of anxiety due to loss of the familiar and supportive person may hinder the full development of motor skills.

For most people, the pleasure which originally accompanied independent walking occurs in later life in similar situations. That is, "the love affair with the world" of the toddler becomes prototypical for new and challenging situations. It is expressed in the mountain climber's response to the question, why does he climb mountains? because they're there. It is possible that those people who withdraw from challenges, who develop inhibitions or phobias, experienced a conflictual mother-child relationship which became manifest at critical junctions, such as with the first independent steps.

The studies by Mahler and her group of mother-child interactions afford a view of interactions during the first three years of life. The studies were designed to be longitudinal and follow-up data will one day be available. Empirical studies can answer questions such as, how will the quality of early mother-child relationships be reflected in later life? Is there a link between the mother's behavior in regard to her infant's locomotor functioning and the older child's achievement in sports-related activities? The mother who provides what Mahler calls the "gentle push out of the nest" can be contrasted with the overprotective mothers with regard to their growing children's behavior. What are the effects of encouraging or discouraging independent movement in infants? And, if early damage has been done, is it reversible? While Mahler's studies were not designed to probe attitudes toward movement, it is to be hoped that movement attitude studies will one day be forthcoming.

Early experience may contribute to our attitude toward actual physical movement. But it does more: from early positive feelings about movement we may derive adventurousness in fantasy, interest in science fiction, ability to conquer the representations of space as in geometry or map reading. Do we exuberantly swim into the waves, or do we fear being dragged to the bottom of the sea to be eaten by sharks? Do we venture into the wilderness prepared to overlook the absence of bathtubs and refrigerators, or do the potential dangers from heat, insects and poison ivy keep us in air-conditioned houses?

No doubt, particular parental attitudes are expressed by means of handling children. But we must reject simplistic and reductionist connections between early experience and later destiny. Whatever connections there are, they are most subtle and complex. At all times in the process of growth, in addition to parental handling, there are many contributing and emergent influences, such as the role of siblings, relatives, neighbors, friends, teachers and idols. One might add the development of motor coordination and other physical factors, the availability of space to move in with safety, particular emotional predispositions emerging in the course of growth, a sense of trust, or self-esteem needs, which may not be directly referable to early experience with parents.

The meaning of sports activity probably differs from person to person, and the activity itself is multiply determined for each individual. I might play tennis because I like the exhilaration which follows a good game, or I might play because I need to feel that I am not lazy or passive. I might also wish to play tennis because in my suburban community I shall be ostracized unless I do play. Or, I might want to compete with peers, to demonstrate to my children or myself that I have stamina, or all of the above. In other words, tennis, like everything else we do, is overdetermined, is multiply caused, satisfies different

wants and serves different purposes. In my case, it was no doubt influenced by positive early experiences. But to look for the exact connection between the early experience and present functioning equals a search for the acorn in the oak tree.

What is a "normal" attitude toward movement and sports? I suggest it is an attitude which permits the individual to move in a desired manner and direction. Physical limitations are important, of course, but a normal attitude precludes inhibiting controls such as exaggerated and unrealistic fears or feelings of inadequacy or self-consciousness. Attitudes toward life frequently are expressed in fantasies, dreams or early memories. One's fantasies or early memories of movement may contribute to an understanding of present attitudes toward movement. I want to suggest that interpretations from data presented by patients permits us to place movement attitudes on a continuum--going from the normal to the inhibited to the phobic. Four clinical vignettes will illustrate this point.

(1) A woman remembers that, when she was about three years old, she wanted to jump off a table as her older playmates had done. Up to this time, she had only been brave enough to jump off a chair. Her father promised her support, held her hand and praised her for jumping off the table. In adult life, this woman was competitive in most of her activities, enjoyed meeting new challenges and regularly engaged in several sports activities,

learning new skills after she had reached middle age. She represents one side of the continuum, the normal attitude toward movement. Vignettes 2 and 3 illustrate types of movement inhibition.

(2) A depressed woman has recurrent nightmares of being unable to breathe or move and has fears of elevators, heights and men. She wants to play tennis but has noted that the more she plays, and the more lessons she takes, the worse her game becomes. She has decided never to play again.

(3) A man remembers that, when he was about two years old, he climbed a balcony railing and would have fallen several flights had not his mother held onto his leg and pulled him to safety. The memory is symbolic of his present strong ties to his family, in particular, to his mother and sisters. He fears leaving his family for any length of time and is uncomfortable traveling. The fear of separation and death overshadows his functioning: as his only sports activity he swims on his back in shallow water. Despite his physical immobility, however, he has a most mobile mind and has become a writer.

I shall describe the movement-phobic child in greater detail for several reasons: a) to demonstrate that the phobia is over-determined, i.e. multiply caused and expressing many needs; b) to suggest that parental attitudes early in life may be inferred to be continuous with such attitudes later on; c) to indicate that, if the intent

of others is perceived to be hostile, the "egocentric shield" does not develop.

(4)Carol was referred for therapy by an exasperated guidance counselor because she refused to engage in physical education and later, to attend school. Carol is small, looks younger than her nine years, and her posture suggests inhibition and fear. Her walk is tentative, cautious and timid; she appears to be uncomfortable in her body, has poor muscle tone, slouches when she sits and expends little energy on anything. Carol's physical-education phobia was the result of many factors. There was first of all the transmission of a phobia from the father who rarely left the house except to go to work or to visit his parents. The father was a most cautious man, afraid of many seen or unseen dangers, dangers which at one time were realistic since he had grown up during wartime conditions in Europe and had been in hiding for a year before the war ended. The mother, despite different experiences, was also cautious.

The health and survival of his present family was the father's major concern. He became an avid reader of health and organic food magazines, a follower of Adele Davis and Carleton Frederics. Although the child was healthy except for occasional colds, the father conscientiously monitored her physical functioning. He kept a record of her illnesses, reactions to medicines prescribed by the many specialists in almost constant attendance, as well as of laboratory reports

on Carol's blood factors, presence or absence of acute and chronic, common and exotic illnesses. Carol also became aware of the many dangers lurking in the world and also began to monitor her physical functioning, her food intake, her elimination, her headaches and stomach aches. The family appeared to live in a fortress surrounded by potential or actual hostility. Almost any contact with other people was interpreted negatively by the family. No one succeeded in establishing a friendship. The fear of the father appeared to be centered on the possibility of the child's death and all of his caution seemed to be an attempt to prevent it: in view of the father's early history, not a far-fetched fear!

When the child was first referred for psychotherapy by the school which she refused to attend, her main problem appeared to be a phobic reaction to participation in physical education. Since Carol felt herself victimized by her peers, feared being criticized, attacked, disliked and hunted down, she was unable to engage in team sports and avoided children altogether. But neither could she find a solitary activity since she feared that it might harm her by exhausting her. She couldn't run because she feared her heart would be damaged, couldn't swim for fear of drowning, couldn't play ball for fear of being hit in the head and suffering a concussion. In addition, since the parents were compulsively clean, the ball had to be scrubbed after playing since the ground was full of germs.

There were other phobias: she couldn't ride escalators, buses, couldn't leave the house alone, etc. One is reminded of the dialogue from "Waiting for Godot": "What shall we do?" "Let's do nothing, it's safer."

Carol was obedient to her father's wishes and did not transgress prohibitions. The whole family was engaged in a struggle for survival in a hostile world. Their common goal kept them in a symbiotic bond, from which Carol was afraid to escape. The family offered her security and protection against perceived aggressors. Her own aggressiveness was stifled although it was expressed in a passive manner by her refusal to attend school -- a major irritant to the parents.

Carol's case illustrates the influences of many factors on the development of a phobia. By means of it, she expressed her own, as well as her parents' attitudes towards herself, towards other people and towards life itself. While Carol was more severely handicapped than most children who don't like to attend gym, and needed psychotherapeutic intervention, there are many cases in which the school might successfully help the child overcome inhibiting fears.

My comments have implications for the teaching of physical education:

1. Piaget's work suggests the need for a supportive, non-competitive environment for the learning of new skills to permit the child to experiment at his own pace. We could eliminate competition and evaluation at an early stage

in the learning of skills of any type. As we permit the infant to move and acquire skills at his own pace, we might consider furnishing older children and adults a similar freedom to experiment when they are in the process of mastering a new and difficult skill. After the basics are mastered, competition could be instituted.

2. Mahler's work points to the need for teachers to be parental surrogates who will "emotionally refuel" the tired or discouraged child on demand. "Emotional refueling" is necessary when our energies lag and we feel listless and exhausted. A friendly, supportive word or gesture from another person frequently revives or "emotionally refuels" us and permits us to go on. In the case of children with over-protective and anxious parents, the teacher might function similar to a therapist and lead the child toward limited risk-taking in a supportive atmosphere.

3. We might try to treat children with problems in physical education similar to children with other learning disabilities. There are similarities between the dyslexic child or the child with problems in arithmetical reasoning and the child who refuses to attend gym. Little effort has been made by the schools to help the anxious non-participant in athletics beyond holding out inducements for valor, such as good grades or football scholarships. In order to help those handicapped in participating in physical education, we must make a study of each individual

case, tracing the origins of the disability, describing its type and severity and recommending new approaches designed to overcome it. In many cases, the physical education disability is not confined to movement alone but pervades other areas of functioning, such as the relationship of the child to other people, as is exemplified in Carol's case. Determination of the extent of the disability should be done by a team composed of a school psychologist, a physical education teacher and a learning disability specialist. Since the problem of the learning-disabled child is multidetermined and frequently all-pervasive, treatment should be on several levels and might include physical examination to rule out illness, psychotherapy for child and/or parents, and "tutoring": individually prescribed exercises or types of physical activity in which the child expresses an interest, together with the elimination of tension, in a non-competitive setting.

Footnotes

1. Piaget, Jean, and Inhelder, Barbel: The Psychology of the Child. Basic Books, New York, 1969.

2. Margaret S. Mahler, Pine, Fred, and Bergman, Anni: The Psychological Birth of the Human Infant. Basic Books, New York, 1975, page 3.

3. ibid. page 15.